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ABSTRACT

This paper presents an experimental group model developed for counseling mentally retarded couples. The selection of the group counseling format is explained, group composition and eligibility requirements are described, and initial assessment of individuals and couples is presented. Preliminary sessions, geared toward orienting the couple to the group, are discussed and the initial treatment stages, stressing personal awareness and communication as foundation for developing problem-solving skills later, are described. The use of structured games, activities, and role-reversals is suggested as useful in holding couples' attention and in helping them to express problems. Major problems cited by group members are addressed, including sharing work and responsibilities, structuring leisure time, controlling and expressing anger, and dealing with outsiders in the community. To address these problems a standard stage model of problem solving is presented, which involves identifying the issue, identifying alternative solutions, choosing an alternative, formalizing an action plan, and commiting to a course of action. Three levels of change occurring in couples as a result of the counseling process are explained and categorized as group-specific changes, situation-specific changes, and changes in the use of effective problem-solving strategies. Evidence that the couples themselves perceived the group as valuable is also presented. (NRB)

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Counseling Mentally Retarded Couples

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An important consequence of the normalization movement has been to increase the responsibility of mentally retarded persons for control and direction over their own lives. While this is a significant and desirable development, it is now the case that these individuals are often confronted with life decisions for which they lack both the necessary information and problem solving skills.

One of the more important decisions one can make is that of choosing a special companion or life-long partner and, having made that choice, to meet one's commitment to mutual support and responsibility. As developmentally disabled persons become more aware of their rights, opportunities and privileges as emancipated adults, it would be prudent to anticipate a large increase in the number of individuals who wish to develop stable relationships and/or marry. Many of these couples will experience significant problems in the course of their relationships. To date, however, there is very little in the literature regarding marital and premarital counseling of developmentally disabled persons. Thus, we might also anticipate a need for the development of resources and techniques to meet the special problems presented by mentally retarded couples.

Basic changes in our perceptions of "healthy" relationships may be necessary as well. In counseling mentally retarded couples, we have found that traditional clinical notions of what constitutes a so-called "pathological" state of affairs in a given relationship may have little bearing on how well that relationship serves its primary purpose. Satisfaction of basic needs such as companionship, sex, financial security and a desire to blend in with the rest of society are sometimes paramount. In our experience, higher-order needs such as open communication, complementary values, personal growth, and sharing of ideas and experiences are seldom cited as priority concerns by retarded couples. If one asks a non-retarded person in a relationship how she knows her husband loves her, she is likely to repond by saying "Because of the little things he does for me without my having to ask." The same question posed to a retarded individual is likely to result in a response such as "Because we have sex every night." It seems to us that each answer is an equally acceptable summation of the expression of an abstract emotion like love; one is merely viewed from a more basic perspective. The astute counselor will soon learn to divest him/herself of pre-conceived ideas of what it takes to make a relationship work.

An Overview of the Counseling Model

Eighteen months ago we initiated an experimental group in counseling mentally retarded couples, offered through the local College for Living organization. Over a period of time, a general approach began to evolve as we were able to isolate some of the more important process variables, prioritized needs, and experimented with the development of novel techniques. Our purpose this morning is to summarize our model which appears suitable for those individuals functioning in the high moderate range of mental retardation to those previously designated as having borderline intelligence. In the course of the development of this model we have borrowed heavily from approaches as diverse as social skills training, conjoint marital therapy, operant interpersonal therapy (Stuart, 1976), group dynamics, and emotional training (Bell, Corcoran, Delaney, Kirchner, & Levinson, 1976). Some of the concepts and techniques associated with these approaches were translated into more concrete strategies and applied to the special problems presented by our couples.

Group counseling was selected as the best and most efficient means of service delivery. A group format lends itself well to the development of interpersonal skills and facilitates the communication and problem-solving process

by providing mutliple models, peer support, and a variety of sources of feedback and behavioral options.

Bearing in mind the responsibility of group members to make their own decisions, the group facilitators adopt a non-judgemental stance with respect to perceived problems and decisional outcomes. Nevertheless, we accept certain responsibilities in terms of structuring the process, in modeling adaptive behaviors, in taking active steps to modify behaviors we feel are counter-productive in group, and in taking the lead in specifying likely consequences of various courses of action. Sessions are therefore directed, and are designed to facilitate the identification of behavioral alternatives. While specific problems are addressed in this manner, the major goal of the group is preventative: to equip each couple with basic skills necessary to cope with problems as they arise; that is acquisition and generalization of the problem-solving process.

Group Composition

Two group facilitators (a male psychologist and a female rehabilitation counselor) meet with four to five couples for 90 minutes once a week. Both married and unmarried couples are seen in various stages of their

relationship, which may have existed anywhere from several months to several years. A total of nine couples (six married) have been seen for varying durations; one has been attending since the inception of the group. Two of the couples were married during the time they were enrolled.

There are two primary eligibility requirements. First, one or both of the partners must be intellectually retarded (i.e., Wechsler IQ below 70). If one partner is not retarded, he or she generally must have some other significantly handicapping condition or developmental disability. Secondly, the relationship must evidence some degree of stability. In our group, most couples are either married or have been dating exclusively for a period of several months. This second criterion insures at least some level of motivation and commitment to the group, a sufficient range of concern experiences to begin to identify "real" issues, and relevance of discussion for all group members (especially for the pre-marital couples). Referrals are accepted either from case management staff or from potential group members themselves.

Intellectually, individuals range in IQ from 50 to 85, with a median of 62 (mean IQ 66.5). Interestingly, in our sample the <u>average</u> difference in IQ between partners is on

the order of one WAIS standard deviation (15.1 points). In every case but one, the male scored higher. Furthermore, this difference appears to be characteristic of other couples in our community which we did not see. Whether or not this is a statistical artifact and what it means precisely are questions for future investigation.

All group members live independently, in group homes, or with their parents. They are employed either in competitive situations or in sheltered workshops.

Assessment

Each partner in the dyad met individually with one of the therapists after expressing an interest in joining the group. Two instruments developed by the authors were administered. The Couple Problem Identification Inventory (CPII) consists of a series of 65 problem statements covering both the intra-personal and inter-personal realms. The Draw-A-Couple (DAC) is a directed drawing technique with an inquiry designed to elicit more subtle conflicts and is used as a rough guage of the maturity of the relationship. While neither of these instruments has been formally validated as yet, we have found that they serve their purpose adequately.[1]

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[1]Copies of the CPII and the DAC Inquiry are available from the authors.

Administration of these two instruments was followed by a brief, joint interview with the therapist and the couple. The interview was designed to establish the couple's reasons for wanting to join the group, th strength of commitment to the relationship, and provided an introduction to general group expectations. The interview was generally concluded with the signing of a formal contract.

Personal Awareness and Communication

The preliminary sessions were geared toward orienting the couple to the purpose of the group, a review of group rules and confidentiality, and the building of rapport and trust. The couple then entered into an initial treatment stage that stressed the requisite abilities needed for success in later problem-solving activities.

On the assumption that personal awareness is central to the identification of problem areas and their communication, structured games and activities were introduced early on that were designed to facilitate the recognition of issues basic to all relationships. Games have the advantage of holding interest and provide a reinforcing but effective means of generating behavioral examples of conflicts difficult to express verbally or which have not been previously identified as problems by a couple.

One example is the "Newlywed Game," an activity very loosely based on a popular television program. In this game, all the men are asked to leave the room and each woman is then asked a standard set of questions about her partner. Questions are designed to elicit knowledge of habits, preferences, routines, important dates and other concrete, personal data. The men are then re-introduced to the group and asked to give their answers to the same questions. A couple is awarded one point for each pair of responses that matches. The process is then repeated for the women, using similar types of questions about the men.

A discussion follows each game concerning its purpose and what each couple has learned as a result. In the case of the Newlywed Game, couples learn how much factual information each partner possesses about the other, and where they stand in relation to other couples. Potential lines of communication are stimulated as each individual becomes aware of how good an observer they are about things that matter to their partner. At times, strong emotional reactions were elicited during the course of this game which provided excellent material to explore appropriate assertive behavior and emotional expression.

A variation of this activity is the "Dating Game," which is designed to guage an individual's ability to anticipate the responses of his or her partner in several

hypothetical situations. Empathic communication verses personalization and egocentrism in feeling situations is explored with "Whose Mouth is it Anyway?", a role-reversal technique. Artistic exercises have been proven useful tools in conjoint marital therapy (Wadeson, 1973) and various art techniques were developed for use with our couples as well. Considerable work is also devoted to the identification of four basic feeling states as this is assumed to be central to their appropriate expression. These and other awareness activities lend themselves well to the clarification of problem areas that may require attention during the problem-solving process.

The literature in marital counseling repeatedly emphasizes the importance of communication skills as indices of marital adjustment (Miller, Nunnally, and Wackman, 1976; Rappaport, 1976). It is generally assumed that mutually understood communication procedures enable couples to change interaction patterns. From our perspective, the value of good communication between retarded partners lies primarily in the extent to which it facilitates the problem-solving process in gener .. Thus, communication skills are also emphasized.

In order to communicate effectively, one m be able to listen well. It is emphasized to group meml that "active" listening shows respect, but in addition it is

helpful in making good decision. Group members are questioned as to how they know when their partner is listening to them, and when he or she is not. Behaviors and postures characteristic of good listeners, or which signal attending, are discussed, practiced, and reinforced repeatedly. Group members are also practiced in receiving positive and critical feedback from partner, facilitators, and other group members.

Once rudimentary listening skills have been established, the couple moves into taking active steps to improve communication. Common problems dealt with in this stage include integrating appropriate verbal and non-verbal emotional expression, providing positive feedback, making appropriate requests, showing respect and showing caring. Role-playing and behavioral rehearsal are used extensively to teach these skills.

While the development of listening and communication skills is considered important, it is not considered absolutely essential in order to profit from problem-solving activities. In some instances, these activities are skipped all together if an over-riding issue is brought to group by a couple. There seems to be little point, for example, in prolonged awareness and communication activities if the immediate problem is spouse abuse.

But even when circumstances dictate an immediate focus on problem solving, the couple is ultimately re-directed to those more basic skills to strengthen foundations for effective decision making.

Problem Solving and Decision Making

As has been suggested, the ability to problem solve and generate good decisions is at the core of our approach. The importance of this activity for conflict resolution is well documented in the literature (Harrell & Guerney, 1976; Walker, 1977), while its use with our sample was validated when it was cited as the single greatest need by a sizable majority of our group members.

It may be of interest to briefly share some of the greatest concerns cited by the couples in our group. Based on our evaluations and subsequent group discussions, the major problems that surfaced can be categorized as follows, in rough order of stated importance:

The most frequently cited problem was sharing work and responsibility. While it was listed as a concern by most of the members of the group, it will come as no surprise that it was most often cited by married women. Predictably, most of the men believed things were adequately balanced. Nevertheless, the men seemed less locked into traditional roles than their non-retarded peers.

A second priority area was structuring leisure time. When one is struggling on limited financial resources and moving toward greater independence, how to entertain oneself cheaply becomes a major issue. But in addition, there was an equal concern over the amount of time spent doing things "together."

Anger control and expression (including jealousy and ownership issues) was a third general area of priority. This is consistent with what we perceived as being an exceptionally high rate of regular physical abuse between partners.[2] At the root of this problem are several related concerns, including identifying emotional antecedents, identifying and labeling emotional feelings, impulse control and pinpointing behavioral alternatives to emotional expression.

Dealing with outside interference was also cited as a major concern, and is probably characteristic of most retarded persons in community programs. Constant themes of being "treated like little kids" surfaced during the group sessions.

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[2]At least 33%. This compares to 20% of couples in the population as a whole who experience violence daily to six times a year (Fleming, 1979).

In dealing with these and other issues, use was made of a standard stage model of problem solving. While we found that group members could participate reasonably well in a formal version, we found it convenient to simplify it in order to facilitate acquisition and generalization.

The first step in the process is Identifying the Issue. Issues may be broadly categorized as (1) intrapersonal (e.g., anxiety and stress management), (2) interpersonal, or conflict issues (e.g., making rules, defining responsibilities, dealing with in-laws, financial planning), and (3) educational issues, which consisted of defining common needs and securing the appropriate assistance (e.g., family planning, sex education, time structuring, child rearing).

The importance of good communication in this stage is reflected by the difficulties partners had in making themselves mutually understood. We have found it helpful to have one's partner summarize what was said before he or she responds. It must also be determined who really "owns" the problem -- in many cases it is not the person who cites it as a concern. It is at this point also that group members first begin to realize that some problems just aren't manageable and bad feelings may persist for an indefinite period of time.

Since it is often the case that problems are multifaceted or appear in clusters, it is sometimes necessary to prioritize them. However, our general rule of thumb is: only one problem is worked on at a time. Once a problem has been adequately communicated and has been identified as "workable," it is then translated into specific behavioral objectives.

The second step in the process is the Identification of Alternative Solutions. The group facilitates this process greatly by contributing various solutions during a period of brainstorming. Each course of action is considered a potential alternative and is recorded. None are considered to be either "right" or "wrong."

The process then moves to Choosing An Alternative. Here, each member of the group chooses what they consider to be the best alternative, but the couple ultimately chooses their own solution. This procedure reinforces the notion that there are many acceptable alternatives, counteracts learned helplessness, but also points to the weight of social opinion as one factor to be considered.

The entire group then assists the couple in Formalizing An Action Plan. That is, the alternative selected is structured into a series of behavioral actions and timelines. Action plans may take many forms. In the

Educational realm, it may involve information sharing by the group, seeking out and identifying community resources, or inviting guest speakers to group. Self-monitoring and homework assignments are the primary techniques used to resolve intrapersonal issues.

By far the most common technique used, however, is contracting in the resolution of interpersonal conflicts. Contracts have the advantage of being easily understood, easily referred to, and applicable to a wide range of problems. Consequences are predictable and responsibilities are well-defined, reducing the chances for misunderstanding. Specified behaviors are role-played and rehearsed in group before being included in the contract. Contracting is easily the most popular strategy among group members who appear to like its formal, binding nature. It also appears to be the most generalizable strategy, as several contracts have been self-initiated outside of the group setting. Contracts have been used successfully for everything from combating inappropriate group behavior to spouse abuse.

Commitment to a Course of Action is the last stage in the process. This is generally accomplished by a verbal agreement to carry through with the agreed program, with the understanding that results would be reported to the

group the following week. In some cases, a formal contract was drawn up, signed, and copies given to all parties involved. It was at this point that some individuals first became acquainted with the concept of personal responsibility for decisions.

Practice in conflict negotiation is also possible with a variety of games that place partners in direct opposition to each other. They are then "walked through" the problem solving process, or the couple may be asked to independently arrive at a decision either during group or as a homework assignment.

Evaluation

Although the bulk of our work is still largely experimental, we believe that we have identified three levels of change occurring in our couples as a result of the counseling process. Not every level of change was seen with each couple, and it remains for future investigation to tie critical variables in with quantifiable outcomes.

The first order of change were group-specific changes that were helpful in facilitating the group process. It should be noted that a group counseling experience is a rare and perhaps even unique adventure for most retarded persons. Perhaps nowhere else during the week are they

simply able to ventilate in an atmosphere of permissiveness and acceptance. We have noted an increase in the sharing of ideas and experiences, self-disclosive statements, and willingness to make decisions and to accept responsibility for them. These changes we attribute primarily to reactivity to the group process and modeling. We have also noted changes that may be more directly attributed to therapist guidance, including a decrease in disruptive behaviors, an attendant increase in listening skills, and increased assertiveness.

A second order of change was situation-specific behaviors that occurred directly as a result of the problem-solving process. The fact that some problems have been resolved is evidence that the model has some value. We should stress, however, that resolution of isolated problems has been but a means to an end.

The major goal of the group, however, is to instill effective problem-solving strategies which hopefully become self-reinforcing and thus self-perpetuating. This is the third level of change, and our preliminary findings are encouraging. We already have evidence of successful attempts by couples to implement one or more of the component elements of problem-solving, most notably in the development of self-initiated contracts concluded

outside the group setting. Equally important, we have evidence that the couples themselves perceive the group as having value. This is most clearly illustrated by those couples who had terminated themselves from group, subsequently encountered serious difficulties, and then re-referred themselves back. This appears to us to indicate an awareness that things were not going well, knowledge that a situation can be "fixed," how to seek help, and a resolve to do so. These are generally considered to be positive prognostic indicators of virtually any group.

Yet, to claim any dramatic breakthroughs might be misleading. Much of our work to date has been trial and error; keeping some techniques and discarding others. In many respects it has been more of a learning experience for us as therapists. Although we have sufficient anecdotal evidence to suggest that we are on the right track, many more questions need to be answered. We can say with some assurance that it is a long-term process. This morning, we have shared some preliminary notions and observations that we hope may serve as an impetus for continued work in this important area.

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